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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
With Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number	6697.37002
First Named Inventor	William Clay Ratliff
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

AIRPORT BRIDGE AND LIFT

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number: OR Correspondence address below

Name

Geoffrey A. Mantooth

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])
William Clay

Family Name
or Surname
Ratliff

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Burleson

Texas

USA

USA

Mailing Address
524 Sandra Lane

City
Burleson

State
Texas

ZIP
76028

Country
USA

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name
(first and middle [if any])
Fredrick

Family Name
or Surname
Reish

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Kennedale

Texas

USA

USA

Mailing Address
308 Mansfield Hwy.

City

State

ZIP

Country

Kennedale

Texas

76060

USA

Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet

Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
James		Angel	
Inventor's Signature		Date	
Kennedale Residence: City		Texas State	USA Country
308 Mansfield Hwy. Mailing Address			
Mailing Address			
Kennedale City		Texas State	76060 Zip
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
William		Dorough	
Inventor's Signature		Date	
Kennedale Residence: City		USA Country	USA Citizenship
308 Mansfield Hwy. Mailing Address			
Mailing Address			
Kennedale City		Texas State	76060 Zip
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)		Family Name or Surname	
Inventor's Signature		Date	
Residence: City		State	Country
Mailing Address			
Mailing Address			
City		State	Zip

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**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	William Clay Ratliff
Title	AIRPORT BRIDGE AND LIFT
Art Unit	
Examiner Name	
Attorney Docket Number	6697.37002

I hereby appoint:

Practitioners associated with the Customer Number:

21000

OR

Practitioner(s) named below:

Name	Registration Number
Geoffrey A. Mantooth	32,042

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

The address associated with the above-mentioned Customer Number:

OR

The address associated with Customer Number:

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OR

<input type="checkbox"/> Firm or Individual Name	
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Address	
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Address	
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City		State		Zip
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Country	
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Telephone		Fax	
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I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	William Clay Ratliff
------	----------------------

Signature	
-----------	--

Date		Telephone	(817) 561-9001
------	--	-----------	----------------

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

*Total of 4 forms are submitted.

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OR

<input type="checkbox"/> Firm or Individual Name			
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Address			
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Address			
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City	State	Zip	
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Country			
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SIGNATURE of Applicant or Assignee of Record

Name	Frederick Keish
------	-----------------

Signature	
-----------	--

Date		Telephone	(817) 561-9001
------	--	-----------	----------------

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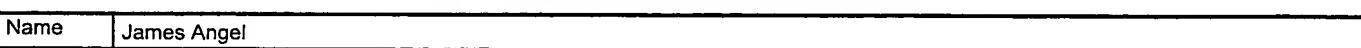
<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City	State		Zip	
Country				
Telephone	Fax			

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SIGNATURE of Applicant or Assignee of Record

Name	James Angel
Signature	
Date	Telephone (817) 561-9001

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OR

<input type="checkbox"/>	Firm or Individual Name	
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Address		
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Country		Zip
Telephone		Fax

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	William Dorrough
Signature	
Date	Telephone (817) 561-9001

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